

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010204
STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 218

Primary Registration District No. 4330

Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR East Prairie, Missouri TOWN East Prairie, Missouri Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN East Prairie, Missouri Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Prairie, Mo Length of stay in 1b 15 Years		d. STREET ADDRESS (If outside, give location) Genl Bel. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Nathan Middle Hammontree Last Hammontree		4. DATE OF DEATH Month March Day 19 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 14, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	
11. BIRTHPLACE (City and state or country) Jasper, Georgia		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Mrs. De Lelia Hammontree		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, of service) Unknown	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Lester Hammontree, Tipton, Georgia	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerosis DUE TO (c) Natural Causes		INTERVAL BETWEEN ONSET AND DEATH Instantly	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION East Prairie, Mo.	
21. I attended the deceased from No medical attendance to her and last saw him alive on 3-20-59 Death occurred at 3-20-59 m on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS Local Registrar, East Prairie Mo.	
23a. SIGNATURE Gertrude G. Harper (Degree or title)		23b. DATE SIGNED 3-20-59	
23c. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. DATE 3-22-59	
23e. NAME OF CEMETERY OR CREMATORY Old Union Cemetery		23f. LOCATION (City, town, or county) (State) Haleysville, Alabama	
24. FUNERAL DIRECTOR Travis Shelby Jr. East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 3-20-59	
26. REGISTRAR'S SIGNATURE Gertrude G. Harper		27. REGISTRAR'S SIGNATURE Gertrude G. Harper	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Date Filed 3-28-34

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed *Thos. J. Kelly*

Licensed Embalmer No. *4740*

P. O. Address *St. Paul*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.